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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-32)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
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HEADLINE: Navy Corpsmen Save Drowning Child

NMCL Pearl Harbor, HI (NSMN) -- Hm1 Romie Dimalanta and Hm1
Laurence Lopez took liberty on 5 August 1994 to accompany their
children to a party at the Sun Rise Village Recreational Area in
Ewa Beach. Because they were there, a two-year-old's life was
saved.

The party was ending and guests were leaving about 2100. On
his way out, Lopez noticed a two-year-old child in the swimming
pool without adult supervision. Curious and alarmed, he went to
check if the child could really swim. When Lopez saw that the
child's movements had ceased and he was slowly sinking, Lopez
immediately pulled the unconscious child out of the pool.

Dimalanta and Lopez quickly established and maintained an
open airway, allowing the child to breathe. They continued to
stabilize the child, and offer assurance to the child's parents,
until he was transported to Tripler Army Medical Center.

"There was a high level of anxiety and intense emotional
distress among the crowd, most especially to the parents," said
Dimalanta. "I told them, 'He's all right, he's moving, and try

not to panic.' I asked the parents to let us handle the situation."

Both corpsmen stayed with the child's family until 0200 the following morning, when he was released from Tripler. In recognition of their lifesaving efforts, Naval Medical Clinic Pearl Harbor's Commanding Officer CAPT P. Barnett, MSC, presented them both with Navy Achievement Medals.

Lopez works in the Radiology Department of Branch Medical Clinic Barbers Point. Dimalanta works in Branch Medical Clinic Makalapa's Radiology Department.

-USN-

HEADLINE: Three More Deploy from Naval Hospital Pensacola

NAVHOSP Pensacola, FL (NSMN) -- Three Naval Hospital-based corpsmen received orders 25 August and are tentatively scheduled to get underway for shipboard duty off the coast of Cuba to provide additional medical support to U.S. Naval Hospital Guantanamo Bay. Two of the three corpsmen are assigned to the staff of Naval Hospital Pensacola while the third is attached to the hospital's Branch Medical Clinic at Naval Air Station Whiting Field.

The tasking to send the enlisted personnel came to the hospital early Thursday. The three are part of a 12-person contingent that is on an alert status to deploy to the Caribbean and Naval Base Guantanamo Bay, Cuba.

Thirteen Pensacola area personnel will have deployed in support of fleet and medical requirements over the last five days: 11 from Naval Hospital Pensacola and one each from the Branch Medical Clinic at Whiting and NAS Whiting Field.

On Tuesday, 10 personnel from the hospital and NAS Whiting Field arrived in Zagreb, Croatia, along with other Fleet Hospital 5 personnel, for a six-month tour providing medical support for the ongoing United Nations peacekeeping mission there. They are relieving Fleet Hospital 6 personnel, who have operated the U.N. hospital since March. The hospital's beneficiaries include more than 32,000 United Nations troops from 38 countries, speaking 14 different languages.

Thirteen different naval hospitals from throughout the country will be sending personnel to augment Fleet Hospital 5, including 11 Selected Reservists, said HMCM Harry Buckles, assistant Plans, Operations and Medical Intelligence (POMI) officer at Naval Hospital Pensacola. The hospital deployed an orthopedic surgeon, physician assistant, two nurses, a patient administration officer, four hospital corpsmen and two firefighters -- one of whom came from NAS Whiting Field. Another 10 hospital personnel are on standby to deploy to Croatia.

There are 551 personnel assigned to mobilization billets at Naval Hospital Pensacola or its clinics at NAS Whiting Field, NAS Pensacola, Naval Technical Training Center Corry Station, Panama City, FL; Naval Station Pascagoula, NAS Meridian and Gulfport, MS.

Naval Hospital Pensacola also currently has personnel deployed with units in the Caribbean; Bahrain; aboard one of the Navy's dock landing ships, USS Tortuga; and aboard the aircraft

carrier, USS America.

"Mobilizing and deploying our medical personnel to support the fleet is a significant part of our overall mission, and this unique mission requirement is what separates Naval Hospital Pensacola from our civilian counterparts," said CAPT Ralph Lockhart, MSC, executive officer of Naval Hospital Pensacola.

To demonstrate the Naval Hospital's commitment to operational requirements and to increase awareness of the command's dual responsibilities, the Naval Hospital will activate its "Mobilization Awareness Week" program from 29-31 August.

The program is designed to increase the hospital's readiness and the awareness within the community of the command's responsibility to augment operational and medical support units throughout the world. During Mobilization Awareness Week, personnel assigned to mobilization billets wear their camouflage uniforms to work, becoming very visible reminders to the fleet and beneficiaries of the hospital's dual commitment.

Story by Rod Duren

-USN-

HEADLINE: Radiology On Front Live of Haitian Processing

NNMC Bethesda, MD (NSMN) -- Navy radiologists and radiologic technologists (RTs) played a major role in protecting USNS Comfort (T-AH 20) crew members from tuberculosis during the ship's recent participation in "Operation Sea Signal."

Processing Haitian migrants, the 1,000 bed Navy hospital ship was anchored in Kingston Harbor, Jamaica, to serve as the first-ever afloat migrant processing facility.

Navy hospital corpsmen specially trained in radiology examined every non-military person arriving on the ship to detect the highly infectious respiratory disease. This was a precautionary measure to protect crew members and uninfected Haitian migrants seeking refugee status.

Since many of the Creole interpreters working for the International Office of Migrations came from Haiti or other epidemic regions, they were screened for TB as well. This testing alone discovered two active cases of the disease, according to HM2 Keith T. Harding, one of Comfort's registered RTs.

Due to the large amount of space required to process the migrants, ventilation from these areas could not be isolated from the rest of the ship to prevent the spread of the disease. Early detection of infected people became paramount to the safety of all on board.

Those found to have TB were removed to areas on the weatherdecks of the ship, where they received equal care and consideration, but could not infect other people aboard the ship.

Having active TB in no way affected the migrants' eligibility for refugee status, according to U.S. Marine Corps 1stLt Pete Mitchell, a public affairs officer for Joint Task Force 160, which headed the operation.

Comfort's radiology team included three radiologists, four registered X-ray technologists, five registration eligible technologists, four limited technologists trained in extremities and chest X-rays and one technologist receiving on-the-job

training while awaiting a spot in the Navy's X-ray school.

The radiology facilities on board Comfort consist of four routine X-ray rooms (all flouro capable), five portable X-ray machines, one Franklin head unit, one rapid film changer for angiography and one Picker 1200SX CT scanner, which was also used during Desert Storm.

Most of the RTs come from shore facilities that use more advanced equipment, which made the operation a challenge "from day one," said Harding, who is stationed at the National Naval Medical Center.

"The ship has single phase units," he explained. At the National Naval Medical Center, "we work on tri-phase equipment. Everything is done differently -- different machines, different film, different cassettes. All this plays a part when you shoot an X-ray."

As Comfort prepared to begin participation in "Operation Sea Signal," members of the Radiology Department prepared standard operating procedures detailing their part in the processing of Haitian migrants. Initially, the department was instructed to be prepared to screen up to 500 migrants per day. Later run-throughs of the processing revealed that U.S. Immigration and Naturalization Service agents would not be able to interview migrants that quickly.

"I think it went well," Harding said. "It only took us a week or two to get it on line and get where we wanted to be as far as techniques. Once we got it all down, it went very smoothly."

Comfort received its first 35 Haitian migrants on 16 June. Before processing was halted, almost one month and over 2,000 migrants later, radiology had performed 2,250 examinations. Sixty-nine male and 24 female X-rays were abnormal.

Now that the ship has ended its role in the processing of Haitian migrants, the RTs have returned to their home commands with living proof of a job well done -- several hundred healthy shipmates.

Story by JO3 Roy DeCoster

Reprinted from The Journal, 25 August 1994

-USN-

HEADLINE: They Came '... From the Sea'

NENS Chania, Crete (NSMN) -- Making new smiles and healing sick patients are not the only duties of USS Puget Sound's medical and dental departments. The two, working through "Project Handclasp" and the Naval Support Activity Souda Bay, Crete, passed out goodwill materials and cleaned the grounds of a Pediatric Clinic in Chania, Crete, recently.

Fifteen volunteers filed off the bus in Chania.

"It was much bigger than I expected," said HM2 Kathy Hampton.

"None of us really knew what was in store," explained CDR Roger Wray, DC. "The Pediatric Clinic is actually a wing of a state-run psychiatric clinic. The requirements of a clinic were too much for the Chania Hospital, and this was the only available facility."

"The facility has one groundskeeper for 10-12 acres of land, due to lack of funding," explained departmental coordinator DTC Andrew DeGiovanni. "They needed any support we could give them."

Before the blistering job of grounds maintenance, the team, led by Wray, walked through the hospital distributing children's toothbrushes from Project Handclasp. Then it was time to work. Volunteers, in four groups, raked trash, cut weeds and trimmed tree limbs, producing more than five truckloads of trash and cuttings.

"Working there really made me appreciate what we have back home," said HM2 Melissa Simmons. "The thing I liked best was everyone's enthusiasm and teamwork."

Reprinted from NavEur News Service 94-31

-USN-

HEADLINE: NAVHOSP Twentynine Palms Opens Maternal-Infant Unit
NAVHOSP Twentynine Palms, CA (NSMN) -- Naval Hospital
Twentynine Palms celebrated its Grand Opening of the Maternal-Infant Unit with a special ribbon cutting 19 August. The Unit specializes in treating preterm and post-partum patients. "I am very pleased that we were able to open this essential unit so that all family members will receive quality health care from this facility," said Commanding Officer CAPT C. Chitwood, MSC.

The eight-bed unit will feature a special dinner for new moms, including a gourmet steak dinner and a glass of non-alcoholic champagne, and fresh flowers to celebrate the joys of giving birth. "The staff has attempted to give the Unit a feeling of home, so that the patients could enjoy their hospital stay," said LT M. Lager, division officer of the Maternal-Infant Unit.

Story by YN2 Kevin Jon Ehlers

-USN-

HEADLINE: Couplets Grant Moms More Time with Babies
NMC San Diego (NSMN) -- New mothers at Naval Medical Center San Diego will find more time to bond with their newborns under a new program designed to keep mothers and babies together following birth, even if babies need special medical care, said CDR Pat Bull, NC, assistant department head, Pediatric Nursing.

A pilot project called "couplet care" promotes mother and child bonding and enhances the care doctors, nurses and corpsmen provide new mothers and babies.

"The ultimate purpose of couplet care is to keep mothers and babies together. The key word is bonding," said Bull.

Previously, babies who needed special care or were considered at slightly greater risk than healthier newborns were treated in the transitional nursery. It was down the hall, to the right, around the corner and away from Mom. Bull said the distance made things more difficult for both mothers and staff.

The new program shortens the distance. Now, babies stay with mothers during most of the newborn preparations such as first bath, weighing and measuring, inoculations and vitamins. Even in those cases where babies need closer observation and monitoring, it is now done in the mother-infant unit.

And Bull said there was one additional advantage they hadn't even considered.

"It turns out that many of the dads prefer the new system, because they can become actively involved in some of the newborn care of their babies," she said.

Bull explained that, contrary to what many may think, babies are quite alert for up to six hours after birth. "They're usually looking around and very alert, so this is the best time to keep them with their mothers. After that, they sleep."

Hospital officials say there are a number of other advantages to the new program: admitting an infant is much easier, paperwork is closer at hand, it promotes closer relationships between medical units and, as Bull mentioned, enhances patient teaching.

"This is a testimony to all members of the Maternal Child Process Action Team," said Bull, who described those who got together under the Medical Center's Total Quality Leadership program to devise the plan.

"We got together, identified a way to improve couplet care and came up with a solution. This is the culmination of almost two years' devotion to the program by the Process Action Team and a case where Total Quality Leadership came through for both patients and staff," she said.

Story by H. Sam Samuelson

-USN-

HEADLINE: HEALTHWATCH: Losing Face Behind a Mask

USNH Yokosuka, Japan (NSMN) -- A patient called me recently and was very concerned. She had heard that tuberculosis was common in Japan, and that everyone who wore the masks that are so commonly seen on the streets were diagnosed with it. Considering how many masks can be seen on people out on the economy, I could understand this woman's concern. If this was true. To find out, I called an administrator at Kameda Medical Center outside of Tokyo. He told me that the masks are worn by those who caught the flu and don't want to spread it to others or by those who don't want to catch it. The masks have nothing to do with tuberculosis. In fact, with the rising homelessness rate and AIDS in the States, there is a greater chance of catching TB back home than here in Japan. Since the topic was raised, though, let's go over some of the basics of TB.

Tuberculosis, or TB, is a disease caused by a small bacteria. It is usually obtained by inhaling the bacteria as it floats through the air after an infected person coughs. When it lands in a new host's lungs, it multiplies and can cause an infection similar to pneumonia. It may also get into the blood stream and spread to just about anywhere the blood does. If left untreated, active TB can be fatal. It is present in about half of the world's population, so it is wise to treat it seriously. If found in time, it can be treated, but one must search for it before the symptoms start to have the best chance of controlling it.

An important thing to know about TB is that not everyone who has the bacteria growing in his or her lungs gets sick. At least

not right away. Out of every 100 persons who become infected, only five will contract an active disease sometime in the future, and the rest become carriers. The carriers can spread the bacteria to those around them, but, fortunately, as long as the infection does not become active, the chance of catching TB from a carrier is low. In fact, it is believed that one must live in close quarters with a carrier for months before catching the organism. Also, the bacteria has a hard time existing among the ultraviolet radiation found in sunlight, so concerned readers can feel safe out in public during daytime hours.

For those who do become ill from TB, fear not. It can be treated. And, within two weeks of the start of treatment, the infected person is no longer contagious. The treatment is a long one, though, lasting anywhere from six to 24 months, and requires close medical supervision. Anyone who has tried to take medicine for just one week can attest to how hard it is to maintain compliance with a treatment regimen; just think of having to take

medicine for two years. Readers of the Stars & Stripes may remember seeing something last year about New York passing a law allowing public health officials to compel persons with active TB to be isolated against their will, at least until it is felt they are no longer infectious.

In the United States, it is felt that the best way to control TB is to identify and treat carriers. This involves a test called PPD, or, for children, the TB-tine test. It involves injecting a small amount of substance under the skin that looks like TB to the body, but is not infectious. It also involves checking the injection site two or three days later for a reaction. If a reaction is seen, the person will have to take some medicine once a day for about six months and be checked by a health care professional every 30 days or so. Once this is done, the carrier state should be cured.

With proper treatment and surveillance, the incidence of TB has become much less than it was 100 years ago. Now, hopefully, the closest a person will ever come to TB will be the annual PPD test. And, should the test turn positive, we have a treatment and it doesn't even involve wearing a mask in public.
Story by LT Daniel Goddard, MC

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

September Meetings:

-- 17-20 September 1994, Hospital Epidemiology Training Course, Chicago. For information, contact SHEA Meetings Department, 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172; (609) 845-1720.

-- 21-22 September 1994, Fourth Annual Symposium on Health Care Ethics, Naval Air Station Glenview, IL. Sponsored by NavHosp Great Lakes, Bioethics Committee. For information call

CDR F.E. Rodriguez, NC, Bioethics Committee Chair, at (708) 688-5929, DSN 792-5929.

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HEADLINE: Annual IDC Operational Medicine Seminar

NMC Oakland, CA (NSMN) -- Naval Medical Center Oakland is hosting the 2nd Annual Independent Duty Corpsman Operational Medicine Seminar 3-7 April 1995 at the Parc Oakland Hotel. A variety of clinical and administrative topics will be discussed. The seminar affords all IDCs an opportunity to receive continuing education by sharpening skills and increasing awareness of available resources; it will satisfy the annual requirement for continuing education credit units.

More than 260 IDCs from fleet, shore and overseas commands attended the 1994 conference and declared it an overwhelming success.

For more information on the April 1995 conference, call HM1 Jeffrey K. Schmidt at DSN 828-5420 or (510) 633-5420. For fleet or operational funding information, contact DTC L. Nazario at DSN 295-0925 or (301) 295-0925. For IDC/CE information, contact HMCS(SW) Dennis G. Sprouse at DSN 295-0631 or (301) 295-0631.

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HEADLINE: MSC Program Available for HMs and DTs

BUPERS Washington (NSMN) -- Sailors in medical departments interested in the Medical Service Corps can apply for commission during the Fiscal Year 1995 selection board.

The Inservice Procurement Program allows qualified active duty enlisted personnel to seek an MSC commission as health care administrators or physician assistants. The program targets outstanding personnel with significant Navy Medical Department experience.

Applications are due to BUPERS (Pers-251) by 15 December 1994 for the FY95 board. The board will convene in March 1995. New qualifications, application procedures and sample forms are contained in BUPERSINST 1131.2 dated 24 June 1994.

Story by LT Dan Bates

-USN-

HEADLINE: MECP Offers Degrees in Nursing

BUPERS Washington (NSMN) -- The Medical Enlisted Commissioning Program (MECP) offers top Sailors the chance to complete their baccalaureate degree in nursing.

The program is open to all enlisted personnel with three years of active duty, who would be commissioned before their 35th birthday. Once selected for the program, Sailors participate in an academic program to complete their degree in nursing at an accredited college or university.

Selectees continue to receive full pay and allowances but do not receive pay for tuition, fees or book costs. After completion of their degree, selectees are commissioned as officers in the nurse corps and incur a four-year active duty obligation.

In a change to eligibility requirements, personnel must have

three years time in service. Applicants who have two years but less than three years time in service will still be eligible for the FY95 board.

Applications are due to Pers-251 by 1 January 1995 for the FY95 board. More information is available in BUPERSINST 1131.3, dated 8 February 1994.

Story by LT Dan Bates

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4. Month of September observations and events occurring 1-9 September:

National Sickle Cell Month (213/736-5211)
Women in Medicine Month (312/464-4392)
Baby Safety Awareness Month
Children's Eye Health and Safety Month (1-800-331-2020)
Leukemia Society Month (1-800-955-4LSA)
National Cholesterol Education Month (301/251-1222)
1-7 September: Child Injury Prevention Week
1-8 September: National Oral Hygiene Week
3 September: Vote! Guam Primary
4-5 September: Muscular Dystrophy Association Telethon
5 September: Labor Day
5-7 September: Rosh Hashanah (begins/ends at sundown)
6 September: Vote! Florida and Nevada Primaries
8 September: E-4 Advancement Exam

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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